

**BOARD OF BEHAVIORAL SCIENCES**

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814

TELEPHONE: (916) 445-4933

WEBSITE ADDRESS: <http://www.bbs.ca.gov>**WEEKLY SUMMARY OF HOURS OF EXPERIENCE**

(Use a separate log for each supervised work setting and for each status indicated below.)

YEAR _____

Name of MFCC Intern _____ BBSE File No. (if known) _____

Work Setting _____

Name and Address of Employer _____

Date enrolled in graduate degree program _____

Indicate the status of the MFCC Intern for the hours logged:

- ☐ Trainee
 ☐ Post-Degree with Application Pending for Intern Registration
 [B & P Code Section 4980.43(h)]
- ☐ Trainee in Practicum
 ☐ Registered Intern (MFCC Intern No. _____)

WEEK OF:											Total Hours
Individual Psychotherapy (adults 18 or older, performed by you)											
Couples, Families, and/or Children (min. 500 hrs.)											
Group Therapy or Counseling (adults 18 or older, performed by you)											
Telephone Counseling (actual counseling time performed by you)											
Administering & Evaluating Psych. Tests, Writing Clinical Reports, Processing Progress Notes											
Supervision, Individual Face-to-Face											
Supervision, Group											
Workshops, Seminars, Training Sessions or Conferences											
Total Per Week											
Supervisor Signature (Sign in each box vertically)											